

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)

SERIAL NO.

640288

FILING DATE

8-16-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
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48						
49						
50						
TOTAL W/O.	2					

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
61						
62						
63						
64						
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99						
100						
TOTAL W/O.						
TOTAL DEP.						